

Navigating Coronary Procedures in ASCs During the COVID-19 Era

One center's experience in a crisis.

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There is an ancient Chinese saying: "May you live in interesting times." Be it a blessing or a curse, there is no doubt that we have all been living in interesting times lately—particularly those of us who've chosen to work in health care.

BACKGROUND

When COVID-19 first appeared on our radar screens in early 2020, the information we had about the virus was very limited. We knew it was likely spread through airborne and possibly surface transmission, but at the time, we were told it was not nearly as dangerous or deadly as the seasonal flu. It didn't take long to discover that the information was wrong.

By mid-March, cases were present in all 50 states. In early April, more than one million people around the world were diagnosed with COVID-19, the death toll was rising, and United States cities were beginning to shut down.

As the number of cases continued to climb, our hospitals were hit particularly hard. Filled to capacity with gravely ill patients, short-staffed, and running out of basic personal protective equipment (PPE), hospitals scrambled for ventilators and were often forced to conserve, substitute, or even reuse resources.

With the pandemic raging and no end in sight, hospital administrators began to reduce, and in most cases, altogether stop performing elective cases. As a physician, I absolutely understand and support that decision, but as a cardiovascular specialist, I worried that delaying "elective" cardiac treatment of some patients would allow their disease to advance unabated, resulting in an emergency situation with far worse outcomes.

As my colleagues can attest, outpatient cardiac procedures are often considered "elective" simply because

the procedure can be performed and the patient is discharged in the same day. In many cases, the word "elective" does not fully convey the necessity or urgency of the procedure, nor its significance to the health of the patient.

THE IMPORTANCE OF ASCs

Ambulatory surgery centers (ASCs) have filled a critical void in cardiovascular care created by COVID-19. Performing cardiac procedures in an outpatient setting is nothing new. In fact, many of these procedures have been taking place in freestanding ASCs for decades. However, in 2019 and 2020, after sustained and hard-fought, years-long advocacy efforts by myself and numerous others, the Center for Medicare & Medicaid Services finally approved the addition of several coronary diagnostic and treatment procedures in an outpatient setting.

This game-changing decision not only allowed for all patients to have access to high-quality, cost-effective, and convenient care, it had the added benefit of relieving some of the massive burden felt by our frontline hospital workers during this tumultuous time and ensured a safer environment for our patients.

Safely handling the influx of patients was no easy task. There was much work to be done, and time was of the essence. Like hospital systems, ASCs were feeling the effects of a nationwide shortage of PPE. This equipment is not only essential to protect our team members from contracting the virus, but to ensure our patients, who by definition had preexisting conditions, were protected as well. Our procurement team worked day and night to find and secure the proper PPE, and we quickly developed and implemented very stringent policies and processes to ensure our facility was clean and safe.

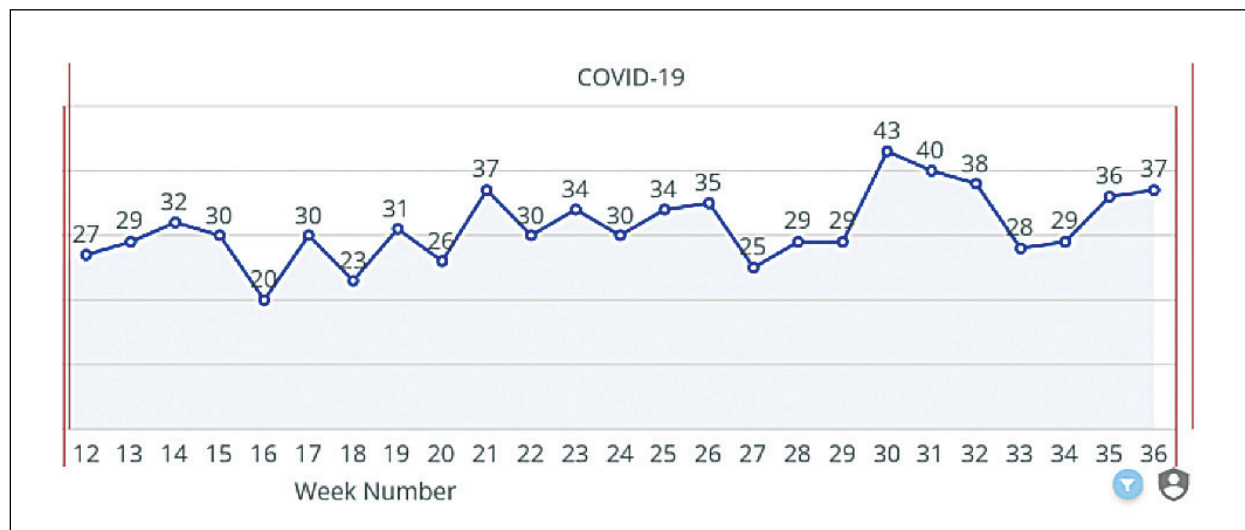


Figure 1. Number of cardiovascular cases performed per week at Waco Cardiology ASC.

We leaned more heavily on telemedicine services when possible, instituted social distancing when feasible, and carefully screened our patients to ensure they were well-suited for the procedures.

As a result of these efforts, Waco Cardiology ASC realized a > 20% increase in the number of cases in the second quarter of 2020, and the uptick in volume is holding steady in the third quarter as well (Figure 1). We have been able to provide timely and much needed high-quality cardiac and vascular care to our patients while protecting them from possible COVID-19 exposure in the hospital setting, while at the same time freeing up precious resources for those requiring in-hospital treatment.

SUMMARY

Even with the increase in case volume, I am proud to report that our staff and physicians have remained healthy and COVID-19-free throughout the pandemic. This is truly a testament to the hard work and professionalism of our team, but we are hardly alone. I have never been prouder to be a part of the medical community, nor more impressed by the quality and caliber of care we provide to all of our patients.

As we continue to navigate these “interesting” times, there is still a lot of uncertainty. When, if ever, we return to business as usual is unclear. But if this pandemic has taught us anything, it is that as an industry, we are at our best when we are agile and adaptive. We believe that the sure and steady outmigration of safe and effective surgical care will continue. And we know it will save lives. ■

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